



MAY, 2009

Volume 198

RHODE ISLAND MEDICAL ASSISTANCE PROGRAM

PROVIDER UPDATE

ALL PROVIDERS

ELECTRONIC FUNDS TRANSFER (EFT) MANDATE FOR REIMBURSEMENT OF RHODE ISLAND MEDICAL ASSISTANCE PROGRAM SERVICES

Effective April 20, 2009, the Department of Human Services (DHS) mandated EFT for all providers enrolled in the Rhode Island Medical Assistance Program.

The Authorization for Direct Deposit form may be found at: <http://www.dhs.ri.gov/dhs/heacre/provsvcs/prvforms/dirdep.pdf>.

Mail completed forms to:

EDS
P.O. Box 2010
Warwick, RI 02887
ATTN: Financial Department

Please remember to inform EDS of any changes to your bank account (i.e. account number, ABA/Routing Number) by submitting an updated Authorization for Direct Deposit Form. Failure to inform EDS of changes to your bank account information may result in a delay in receiving your payment.

We appreciate your cooperation as DHS and EDS, an HP Company, move toward a more efficient and cost effective means of reimbursement for Rhode Island Medical Assistance Program Services. If you have any questions, please free to contact the Customer Service Helpdesk at 401-784-8100.

TABLE OF CONTENTS	PAGE
ALL PROVIDERS	1-4
DURABLE MEDICAL EQUIPMENT PROVIDERS	5

LETTER OF EXCLUSION

The State of Rhode Island is obligated to direct its providers to screen employees and contractors for exclusion by the Health and Human Service Office of Inspector General from all Federal health care programs. The following letter was sent to all providers detailing steps providers must take to determine if their employees or contractors are excluded.



THE RHODE ISLAND DEPARTMENT OF HUMAN SERVICES



March 27, 2009

Dear Provider,

The Health and Human Service (HHS) Office of Inspector General (HHS-OIG) excludes individuals and entities from participation in Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), and all Federal health care programs based on the authority contained in various sections of the Social Security Act. The State of Rhode Island is obligated to direct Medicaid providers to screen their own employees and contractors for excluded persons.

When the HHS-OIG has excluded a provider, Federal health care programs (including Medicaid and SCHIP programs) are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities. This payment ban applies to any items or services reimbursable under a Medicaid program that are furnished by an excluded individual or entity, and extends to:

- all methods of reimbursement, whether payment results from itemized claims, cost reports, fee schedules, or a prospective payment system;
- payment for administrative and management services not directly related to patient care, but that are a necessary component of providing items and services to Medicaid recipients, when those payments are reported on a cost report or are otherwise payable by the Medicaid program; and
- payment to cover an excluded individual's salary, expenses or fringe benefits, regardless of whether they provide direct patient care, when those payments are reported on a cost report or are otherwise payable by the Medicaid program.

In addition, no Medicaid payments can be made for any items or services directed or prescribed by an excluded physician or other authorized person when the individual or entity furnishing the services either knew or should have known of the exclusion. This prohibition applies even when the Medicaid payment itself is made to another provider, practitioner or supplier that is not excluded.

All providers in the Medicaid program must take the following steps to determine whether their employees and contractors are excluded individuals or entities:

- Prior to employment, screen all employees and contractors to determine whether any of them have been excluded.
- Search the HHS-OIG website by the names of any individual or entity (the HHS-OIG maintains the LEIE, a database accessible to the general public that provides information about parties excluded from participation in Medicare, Medicaid, and all other Federal health care programs. The LEIE website is located at <http://www/oig.hhs.gov/fraud/exclusions.asp>.
- Search the HHS-OIG website monthly to capture exclusions and reinstatements that have occurred since the last search.
- Immediately report to the Rhode Island Department of Human Services any exclusion information discovered.

Civil monetary penalties may be imposed against Medicaid providers who employ or enter into contracts with excluded individuals or entities to provide items or services to Medicaid recipients.

Federal health care programs, including Medicaid, are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities. The amount of the Medicaid overpayment for such items or services is the actual amount of Medicaid dollars that were expended for those items or services. When Medicaid funds have been expended to pay an excluded individual's salary, expenses, or fringe benefits, the amount of the overpayment is the amount of those expended Medicaid funds.

We know you share our commitment to combating fraud and abuse. If we strengthen our efforts to identify excluded parties, the integrity and quality of the Medicaid program will be improved, benefiting Medicaid recipients and taxpayers across the country.

Sincerely,

Ralph Racca
Center for Medicaid Operations and Payment
State of Rhode Island Department of Human Services

Kelly Leighton 401-784-3823 "Long Term Care/Hospital Services"		Karen Murphy 401-784-3888 "Child & Family Services"		Sandra Bates 401-784-3832 "Professional Services"	
Eleanor Slater	22	Adult Day Care	50	Ambulance	13
EPSDT	65	Assisted Living	33	Dental	4
Free Standing Pysch Facility	3	Case Manager/ Social Worker	44	Dialysis Center	20
Home Health Skilled Nursing	10	CEDARR Center Services	82	FQHC	24/31
Hospice	27	CEDARR Direct Services	80	Independent Labs	12
ICF-MR	28/29	- HBTS & Kids Connect		Indian Health Service	39
Inpatient Facility	1	- PASS & Respite		Vision	7,8,5
Meals on Wheels	77	Children Services	47	Free Standing Amb Surg Ctr	23
MH Waiver	25	CMHC	61	Darphine Monroe 401-784-3879 "Physician Services"	
Nursing Homes	21	DCYF	67		
Outpatient Facility	2	Early Intervention	59		
PACE	89	Group Practice	66	Audiologist	35
Personal Care/ Homemaker	72	Head Start	70	Chiropractor	18
Personal Choices	71	Hippotherapy	73	Nurse Practitioner	37
Outpatient Psych Facility	81	LEA - Contracted Providers	49	Pathology	5
		Lead Center	76	Physician (Anesthesia, OB-GYN)	5
		Liscensed Therapist	17	Physician Assistant	
Jeanne Giroux 401-784-8826 "DME Services"		Local Education Agency	58	Podiatry	6
		MHRH	88		
		MRDD - Day Program	55		
		Other Therapies/PT, OT, SHL	73	Ann Bennett 401-784-3818 "Pharmacy Coordinator"	
DME	14	Psychologist	30		
Mary Jane Nardone 401-784-3813 "EDI Coordinator"		Substance Abuse Rehab	60		
		Waiver Group Homes	26/54	Pharmacy	9

DURABLE MEDICAL EQUIPMENT PROVIDERS

CHANGES IN REIMBURSEMENT FOR DME SERVICES

Effective March 1, 2009, the reimbursement rate for all Durable Medical Equipment (DME) Services will be reduced by 5%. This includes services that already have a set allowed amount and those that are manually priced. The new rate for set priced items will be 95% of the Medicare allowed amount for Rhode Island, and for manually priced items will be the lower of cost plus 20% or 75% of retail price. The new fee schedule can be found on the website and is also available at DHS for viewing.

Copies of the certification standard amendments and the changes in reimbursement for DME services can also be obtained at the DHS Medicaid Division, RI Department of Human Services, Forand Building, 600 New London Avenue, Cranston, RI 02920. Written comments may also be submitted to this address.